

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

59TH MEDICAL WING INSTRUCTION 36-2601

13 JUNE 2014



Personnel

HUMAN RESOURCE DEVELOPMENT

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 59 MDW/SGNE

Certified by: 59 MDG/SGN
(Colonel Susan Thornell)

Supersedes: 59MDWI36-2601, 8
February 2011

Pages: 22

This instruction implements Air Force Policy Directive 36-26, *Total Force Development*. This medical wing instruction (MDWI) provides policies, procedures and responsibilities for managing 59th Medical Wing (MDW) human resource development programs and applies to all personnel assigned, attached, or under contract to the 59 MDW with the exception of the 359th Medical Group (MDG) and the 959 MDG. This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/privacy/SORNs/SORNs.html>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Requests for waivers must be submitted to the OPR listed above for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

The publication has been revised. This rewrite of 59 MDWI 36-2601 includes updated training leadership, competency assessment, and in-service training program.

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1. Executive Committee (EXCOM) and Training Leadership.

1.1. EXCOM provides an annual operating budget to support the education and training program for the wing. The EXCOM is ultimately accountable to ensure each individual in the military treatment facility meets job qualifications and is competent to meet his/her responsibilities and performance expectations. In addition, the leaders ensure that members' competencies are assessed, maintained, demonstrated and continually improved. When indicated by competency evaluations, the EXCOM may direct group commanders to take actions to limit services provided at 59 MDW to protect the safety of patients.

1.2. Group Commanders. Ensure structures and processes are in place to support the training mission.

1.3. Squadron Commanders, Flight Commanders. Ensure adequate staffing and competency, promote continuing education, and recognize accomplishments.

1.4. Work Center Leaders. Will appoint, in writing, an Education and Training Representative (ETR) to assist with education and training requirements. This individual will oversee work center orientation, in-services, continuing education, competency assessment and other training programs. The representatives act as liaisons between the work center, group and Wing Education and Training.

1.5. Division of Education and Training (DET) provides overall leadership and guidance for the 59 MDW education and training programs. DET assesses the overall educational needs of the wing, coordinates and presents a variety of education/training activities, and programs. DET also provides consultation to staff on all aspects of orientation, training, as well as competency program development and implementation.

1.6. Education and Training Officers (ETO) are assigned to Wing Education and Training. They serve as educational consultants and liaisons between the groups and the DET. The ETOs track competency information and provide a status of training to group commanders quarterly.

2. Competency Assessment.

2.1. Credentialed personnel are subject to medical staff credentialing and privilege processes described in Air Force Instruction (AFI) 44-119, *Medical Quality Operations*.

2.2. Registered nurses are subject to nursing competency assessment and medication practice described in AFI 46-101, *Nursing Services and Operations*.

2.3. Competency of personnel in a training status [students in an Air Force approved training program, i.e., Phase II training, Graduate Medical Education (GME) residency, etc.] is governed by the AFI associated with each training program.

2.4. ETOs oversee competency assessment, documentation, and provides guidance in competency evaluation for non-credentialed personnel. (The Credentials Review Committee oversees credentialed personnel).

2.5. Squadrons, flights and work centers assess the competency of assigned members IAW AFI 36-2406, *Officer and Enlisted Evaluation Systems*, and AFI 36-1001, *Managing the Civilian Performance Program*. Competency is assessed prior to and at the completion of orientation, prior to the employee working independently, and when there is a change in equipment or clinical practice.

2.5.1. A quarterly Competency Assessment Report is completed by the unit ETRs, reviewed and signed by the officer in charge (OIC) and/or the noncommissioned officer in charge and forwarded to the ETOs.

2.6. Individual personnel are responsible to acquire, maintain, and improve job competency to meet performance expectations as outlined in AFI 44-102, *Medical Care Management* and 59 MDWI 44-133, *Plan for the Provision of Patient Care*, and AFI 46-101 to function within the scope of practice and their job description/performance standards.

2.7. Supervisors must develop and maintain local competency assessment and documentation policy guidelines and plans (see Attachment 2) or see 59 MDW Education and Training sharepoint site. Supervisors must evaluate competency (see Attachment 3).

3. Orientation Program.

3.1. In-processing and orientation to 59 MDW is guided by DET personnel assigned to the Learning Resource Center (LRC) area and IAW AFI 36-2103, *Individual Newcomer Treatment and Orientation (INTRO) Program*.

3.2. Commander Support Staff, Civilian Personnel Liaison, Contract Personnel Liaison, and Volunteer Services Liaison will provide incoming personnel and their supervisor with in-processing checklists. They will direct newly arrived personnel to the LRC to schedule facility orientation and to complete required training.

3.3. Personnel will complete base and facility orientation within 30 days of assignment [excluding permissive temporary duty (TDY) days for house hunting]. Volunteers and contract personnel will also complete required training.

3.4. Initial and annual training list will include items identified by the AFMS Training Requirements document, found on 59 MDW Education and Training sharepoint site.

3.5. Facility orientation of personnel attending formal training programs may be modified to meet student needs and may be conducted by the program coordinator as long as the curriculum addresses all orientation objectives.

3.6. Personnel are expected to complete work center and job-specific orientation within the specified time period established by their assigned duty section.

3.7. DET/LRC will plan, conduct, evaluate, report and maintain documentation on facility orientation, ensure the orientation program meets regulatory agencies' facility training requirements, notify supervisors when a member fails to attend and/or complete required facility orientation and initiate follow up action with a supervisor to ensure the member completes orientation objectives.

3.8. Reserve Affairs Liaison Officer will coordinate orientation for Reserve, IMAs, and National Guard personnel with LRC staff.

3.9. Work center leaders and supervisors provide orientation at the time of employment and when there are changes in staff roles and/or responsibilities. The orientation program will address requirements for successful orientation, length of orientation, competencies, preceptor selection and a competency statement. (See Attachment 4: Work center orientation checklist). Failure to complete training in the appropriate time frame will result in remedial training.

3.10. Trainers or Preceptors will review the job description and performance expectations with the individual, identify aspects of patient care that might conflict with the staff member's ethical or religious beliefs, and document any potential dilemmas. Preceptors ensure individuals are oriented to key safety content such as the provision of care, environment of care, and infection control blood-borne pathogens prior to functioning independently.

3.11. Preceptors must assess the competency of the individual to function independently prior to release from orientation. A statement of initial competency assessment is signed on the AF Form 623a, *On-The-Job Training Record-Continuation Sheet* by the individual and the supervisor as part of the end-of-orientation documentation.

3.12. Newly assigned staff members and orientees must identify and discuss learning needs with the preceptor and supervisor. They will ensure documentation of orientation is complete and maintained in their Competency Assessment Folder (CAF) or Air Force Training Record (AFTR) for enlisted personnel.

3.12.1. New staff will not perform any unsupervised high risk or problem prone procedures until competency is verified and documented or credentialed privileges are granted.

4. In-Service Training Program.

4.1. In-services are a combination of planned/projected mandatory and incidental/impromptu educational presentations for work center personnel. Multidisciplinary and cross-functional in-services are encouraged.

4.2. The in-service training year is per calendar year (1 January – 31 December).

4.3. Work center leaders designate an in-service monitor in writing to oversee the work center in-service training program. Work centers assess staff learning needs and present in-services to meet those needs along with required training annually. (See Attachment 5: Needs Assessment Survey).

4.4. Work center leaders and ETRs develop and present in-services (See Attachment 6 or 59 MDW Education and Training sharepoint site). See Attachment 7, In-service critique form.

5. Continuing Education Program.

5.1. DET provides oversight, information, guidance and consultation to groups on continuing education (CE) IAW AFI 41-117, *Medical Service Officer Education*. DET staff coordinates and conducts annual educational needs for the Group/Squadrons as applicable, and facilitates planning, conducting, evaluating and documenting of CE activities online for the Nurse Utilization and Education Branch (HQ AFPC/DPAMN) (See Attachment 8).

5.2. Work Centers/Supervisors ensure personnel are aware of and complete their CE requirements. They also communicate existing Air Force and 59 MDW instructions on eligibility and qualifications for approval of CE TDYs (paid and permissive), funding policies, procedures for routing and approving of applications, expectations on how individual will share knowledge and incorporate into practice.

5.3. Individuals will document contact hours in CAF on AF Form 2665, *Continuing Education Summary* and include a copy of the course completion certificate. The training year for continuing education tracking purposes is by fiscal year (1 October - 30 September).

5.4. USAF Formal Schools applications are processed through the group ETOs. Refer to <https://etca.randolph.af.mil> for information.

6. Life Support Programs.

6.1. Personnel working in the Medical Treatment Facility are required to have either Basic Life Support (BLS) or HeartSaver Automated External Defibrillator (AED) training. Letters of exemption can be issued to those personnel with physical limitations that precludes them from performing basic CPR as approved by squadron commander. See Attachment 9 for letter template.

6.2. Personnel requiring Advanced Cardiac Life Support and Pediatric Advanced Life Support are identified by supervisors IAW AFI 44-119, AFI 44-102 and AFI 44-103, *The Air Force Independent Duty Medical Technician Program*.

6.3. Life Support Program is administered IAW American Heart Association, Military Training Network guidelines, and 59 MDWI 44-142, *Wilford Hall Ambulatory Surgical Center Code Blue Management*.

6.4. Life support personnel coordinate the facility Mock Code Blue process, ensuring each clinical area receives an evaluation annually. If evaluation is not satisfactory, remedial training is conducted and a re-evaluation is scheduled.

7. Licensing.

7.1. All assigned personnel who require a license, certification, or registration to perform their duties must maintain an active unrestricted license while working at the 59 MDW. See AFI 44-119, *Medical Quality Operations*, Chapter 4. Licensed personnel must submit Centralized Credentials Quality Assurance System worksheet upon in-processing.

7.2. Credentialed personnel must in-process through the Credentials Office. Non-credentialed nursing personnel in-process through the DET.

7.3. Group ETOs maintain licensure verification for non-credentialed personnel and monitor monthly. Employees and their supervisors are notified of expiring licenses within three months of the license expiring.

8. Professional Board and National Certification/Registration Examinations.

8.1. The 59 MDW supports professional board and national certification examinations IAW AFI 41-104, *Professional Board and National Certification Examinations*. Supervisors must be knowledgeable of the criteria for staffing/competency requirements.

8.2. Personnel who are required to maintain certification must meet and maintain documentation of certification. Credentialed providers furnish the Credentials Office with a copy of the letter or certificate that verifies successful completion of the board and/or certification examination. Non-credentialed personnel maintain a current copy of certification in their CAF.

9. Emergency Medical Technician (EMT) Training.

9.1. All 4N0X1 personnel are National Registry of Emergency Medical Technicians (NREMT) re-certified and registered IAW the 4N0X1 Career Field Education and Training Plan (CFETP).

9.2. The 59 MDW Commander appoints a 4N0X1 assigned to DET as the EMT Course Coordinator for the NREMT site code and designates an EMT Course Medical Director.

DET staff implements and manages the EMT program through the course coordinator. DET Program Coordinator tracks and updates NREMT registration data.

9.3. Supervisors provide time/opportunity for personnel to achieve/maintain NREMT certification.

9.4. Individuals maintain required NREMT registration with a copy of NREMT certification in the AFTR system and are responsible for tracking and maintaining documentation of CEs.

10. On-The-Job (OJT) Training.

10.1. 37 FSS/FSDE assigns Wing Unit Training Managers to the 59 MDW to oversee the OJT Program IAW AFI 36-2201, *AF Training Program*.

10.2. Air Force enlisted medical personnel and those who supervise enlisted personnel must register in the AFTR system. Personnel in the grades of E-1 through E-6 must have active records. Personnel in grades E-7 through E-9 need only register for an AFTR account. Senior noncommissioned officers (MSgt-CMSgt) who are providing patient care will maintain a current Specialty Training Standard and appropriate AF Form 797, *Specialty Training Standard* or AF Form 1098, *Documentation*. Clinical tasks being performed will be signed off on the individual's AF Form 797 or AF Form 1098 in AFTR. (**Note:** Personnel in grades of E-7 through E-9 in retraining status must maintain an active record until they have achieved the appropriate skill level commensurate with their grade.)

11. Training Affiliation Agreements (TAA).

11.1. All TAA requests must originate through the 59 MDW TAA office.

11.2. 59 MDW TAAs and San Antonio Uniformed Service Health Education Consortium Training Affiliation Agreements for Medical Students, Graduate Medical Education and Graduate Allied Health are managed through the 59 MDW GME Office IAW procedures set forth in AFI 41-108, *Training Affiliation Agreement Program*.

11.3. The 59th Training Squadron (TRS) coordinates and manages nursing and enlisted Training Affiliation Agreements IAW AFI 41-108, *Training Affiliation Agreement Program*.

11.4. DET provides facility orientation to meet student needs. This may be conducted by the program coordinator as long as the curriculum addresses all orientation objectives.

11.5. Host Work Center Leaders ensure work center OICs, preceptors, trainers and training affiliates abide by the terms stated in the affiliation agreements. They also ensure orientation to general unit/facility and work center policies are completed before training starts.

12. Phase II Technical Training Programs.

12.1. The 37th Training Group develops and coordinates program administration, management, and evaluation procedures for medical training programs. They also provide SF182, *Request, Authorization, Agreement, Certification of Training and Reimbursement* forms and other appropriate documents used to support/administer medical training.

12.2. The 59 TRS provides oversight to Phase II technical training, nursing supplemental training, and chaplain training programs.

13. Individual Mobilization Augmentee (IMA) Program.

13.1. The Reserve Affairs Liaison oversees and manages the IMA program IAW AFI 36-2629, *Individual Reservist (IR) Management*.

13.2. Supervisors of each IMA provide the supervision, guidance, orientation, training, and experience necessary to become fully qualified in their Air Force Specialty Code (AFSC) and responsive to the mission in the event of mobilization. Supervisors conduct periodic and annual competency evaluations.

13.3. Each IMA is responsible to meet requirements for mobilization. Each IMA will report to the Reserves Affairs Liaison the first day of their inactive duty for training and active duty for training to determine status of their AF and medical treatment facility training requirements. Each IMA completes Medical Readiness Training per AFI 41-106, *Medical Readiness Program Management*.

GLENN A. YAP, Colonel, USAF, MSC
Administrator, 59th Medical Wing

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 36-26, *Total Force Development*, 27 September 2011

AFI 36-1001, *Managing The Civilian Performance Program*, 1 July 1999

AFI 36-2629, *Individual Reservist (IR) Management*, 13 August 2012

AFI 36-2103, *Individual Newcomer Treatment and Orientation (INTRO) Program*, 30 April 2012

AFI 36-2201, *AF Training Program*, 15 September 2012

AFI 36-2406, *Officer and Enlisted Evaluation Systems*, 2 January 2013

AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, 9 June 2004

AFI 36-2803, *The Air Force Awards and Decorations Program*, 18 December 2013

AFI 41-104, *Professional Board and National Certification Examinations*, 18 February 2014

AFI 41-106, *Medical Readiness Program Management*, 22 April 2014

AFI 41-108, *Training Affiliation Agreement Program*, 4 May 2011

AFI 41-117, *Medical Service Officer Education*, 19 October 2011

AFI 44-102, *Medical Care Management*, 20 January 2012

AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 6 December 2013

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFI 46-101, *Nursing Services and Operations*, 28 October 2011

59MDWI 41-123, *Patient Rights and Responsibilities*, 26 August 2013

59MDWI 44-133, *Plan for the Provision of Patient Care*, 8 October 2013

59MDWI 44-142, *Wilford Hall Ambulatory Surgical Center Code Blue Management*, 10 April 2013

Adopted Forms

AF Form 55, *Employee Safety and Health Record*.

AF Form 623a, *On-The-Job Training Record-Continuation Sheet*

AF Form 797, *Specialty Training Standard*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1098, *Special Task Certification and Recurring Training*

AF Form 2665, *Continuing Education Summary*

SF182, *Request, Authorization, Agreement, Certification of Training and Reimbursement*

Abbreviations and Acronyms

AED—Automated External Defibrillator
AFI—Air Force Instruction
AFS—Air Force Specialty
AFSC—Air Force Specialty Code
AFTR—Air Force Training Record
BLS—Basic Life Support
CAF—Competency Assessment Folder
CE—Continuing Education
CFETP—Career Field Education and Training Plan
CH—Contact Hour
CME—Continuing Medical Education
CNE—Continuing Nursing Education
DET—Division of Wing Education and Training
EMT—Emergency Medical Technician
ETO—Education and Training Officer
ETR—Education and Training Representative
EXCOM—Executive Committee
GME—Graduate Medical Education
IAW—In Accordance With
IMA—Individual Mobilization Augmentee
LRC—Learning Resource Center
MDG—Medical Group
MDW—Medical Wing
MDWI—Medical Wing Instruction
NREMT—National Registry of Emergency Medical Technicians
OIC—Officer in Charge
OJT—On-the-Job Training
POC—Point of Contact
TAA—Training Affiliation Agreements
TDY—Temporary Duty
TRS—Training Squadron

Terms

Competency Assessment—Process of evaluating personnel's performance based on an established set of standards for a particular job position.

Contact Hour (CH)—A unit of measurement that describes the number of minutes of an approved, organized learning experience, either didactic or clinical practice. Medical and Nurse Corps have established the following metrics:

Medical Corps: 60 minutes = 1 CH

Nurse Corps: 60 minutes = 1 CH

Continuing Education Unit = 10 CH

One semester hour from a college class = 15 CH

Continuing Education (CE)—Learning activities intended to build upon the education and experiential base of the healthcare professional and certain enlisted AFSCs; and enhance practice, education, administration, research, or theory development.

In—Service Training Program—Activities to assist personnel to maintain competence in fulfilling job responsibilities.

Emergency Medical Technician (EMT) Training—Formal education and certification of professional level providers of emergency care.

Medical Training Program—The combination of all individual courses at the various medical training facilities to include initial skills, supplemental, and Phase II training courses.

On—the-Job Training (OJT)—Hands-on, "over the shoulder" training that a duty location uses to certify personnel in both upgrade and job qualification training.

Orientation Program—The orientation program introduces new staff to the facility.

Phase II Medical Training Course—Provides training in an Air Force Specialty (AFS) or specific duties within an AFS and follows successful completion of Phase I (qualifying course), a Phase II course may award an AFSC.

Attachment 2

GUIDELINES FOR SUPERVISORS IN DEVELOPING COMPETENCY PROGRAMS

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET
<p>Guidelines for Supervisors in Developing Competency Programs</p> <p>Focused competencies derived from the job description and performance expectations. These competencies are of high importance to the specific job; may be ongoing or changeable based on new technology, new information and practice/service trends. Focused competencies are based on high risk, low volume, problem prone areas and affect a large percentage of patients or customers.</p> <p>Methods and timing of assessing competency. Depending on the competency in question, assessment methods and required frequency of assessment will vary. Methods of demonstrating and assessing competency may include a written test, return demonstration, observation of daily practice, certification, etc. By the end of orientation, each staff member shall be assessed as capable to perform the specific job before beginning independent functioning.</p> <p>Frequency of Assessment of various aspects of a job may vary (quarterly, annually, etc.) depending on the importance of the skill to the specific job. The list of competencies may be ongoing or changeable based on new technology, new information and practice/service trends. The competency list and the corresponding frequency of ongoing assessments are determined in writing and reviewed regularly by the supervisor.</p> <p>When an individual does not meet competency requirements, supervisors may: schedule retraining and/or supervised practice; require reassessment, peer review, and/or other administrative actions. The supervisor will document the plan of action on the AF Form 623a, On-The-Job Training Record-Continuation Sheet, and consult the Group ETO for training input.</p>
LAST NAME - FIRST NAME - MIDDLE INITIAL
AF IMT 623A, 19790301, V2

Attachment 3

HUMAN RESOURCES CHECKLIST FOR SUPERVISORS

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET	
Human Resource Checklist for Supervisors	
<p>1. Assess Staffing Requirements (STD: MDWI 36-2601, Human Resource Development)</p> <p>1.1. Strategic and work center staffing plan used to determine optimum staffing requirements and appropriate skill mix and to adjust staffing variance?</p> <p>1.2. Job description or performance expectation used to develop competency assessment program?</p> <p>1.3. Job description addresses population specific to the work center?</p> <p>1.4. Work center training plan addresses population specific competencies or skills required in work centers?</p> <p>1.5. Considerations are given to staff members' request to not participate in an aspect of patient care?</p> <p>2. Provide Competent Staff. (STD: MDWI 36-2601, Human Resource Development; AAAHC Chp. 2, Credentialing)</p> <p>2.1. Competency Assessment Folders (CAF) for all non-credentialed personnel and credentialed (2-part folder) established?</p> <p>2.2. Required license or certification verified by primary source validation and documented?</p> <p>2.3. Life Support verified or documented? (BLS, ACLS, PALS as required)</p> <p>2.4. Work center orientation checklist completed and competency assessed prior to working without direct supervision?</p> <p>2.4.1. Career Field Education and Training Plan (CFETP) initiated and mirrors the Master Task Listing (MTL)? Enlisted only.</p> <p>2.5. Job specific competency verification for high risk and/or problem prone procedures completed and documented, i.e., intravenous medication administration?</p> <p>2.6. Staff competency to perform job expectations is assessed regularly and documented in the CAF?</p> <p>3. Maintain and Improve Staff Competencies. (STD: MDWI 36-2601, Human Resource Development)</p> <p>3.1. 59 MDWI and work center policies or guidelines used to clarify education, training and competency requirements?</p> <p>3.2. Staff learning needs assessed?</p> <p>3.3. Work center specific training and education programs developed based on: quality improvement initiative, new technology, occurrence screening, learner's needs assessments and customer input?</p> <p>3.4. Mandated facility and work center specific in-services presented annually?</p> <p>3.5. Staff continuing education requirements met?</p> <p>3.6. Staff attendance for annual recurrent training and work center specific training being tracked and documented in the In-service Binder?</p> <p>3.7. All training and current competency assessments documented in the individual's CAF?</p> <p>4. Provide Feedback. (STD: AAAHC Chp. 2, B. 3.b. ; AF 36-2406, Officer and Enlisted Evaluation System; AFI 36-1001, Managing Civilian Performance Program, AAAHC Chp. 3, 12, B. 3-4.)</p> <p>4.1. Initial and annual competency assessment, 6-month performance feedback and annual performance evaluations are accomplished using the individual's job description or performance expectations, performance feedback forms and OPR/EPR as tools?</p> <p>4.2. Performance evaluation and competency assessment documented?</p> <p>5. Promote Professional Development and Learning. (STD: AFI 36-2406, Officer and Enlisted Evaluation System; AFI 36-1001, Managing Civilian Performance Program and AAAHC Chp. 2, B.16. and Chp. 5, H.2)</p> <p>5.1. Career or professional development counseling provided?</p> <p>5.2. Opportunity for continuing education provided?</p> <p>5.3. Specialty certification testing encouraged?</p> <p>5.4. Academic studies encouraged?</p> <p>6. Promote Professional Development and Learning. (STD: AFI 36-2803, The Air Force Awards and Decorations Program)</p> <p>6.1. Active participation in facility, base, command, and Air Force recognition programs?</p>	
LAST NAME - FIRST NAME - MIDDLE INITIAL	

Attachment 4

WORK CENTER ORIENTATION SUMMARY

(SAMPLE ONLY)

Table A4.1. Work Orientation Summary Sample.

Current as of: date	
Work Center	
Name of Orientee:	(Initials)
Date Orientation started:	
Date Orientation completed:	
Name of Preceptor or Trainer:	(Initials)
Name of Supervisor:	(Initials)

Note: 1. Work center orientation will be completed NLT (date established with supervisor)(specify 1, 2, 3, 4 weeks after assigned to work center, within 5 days, etc.).
 2. Work center orientation consists of two parts (Familiarization and Job-specific Competency Training). Both parts must be completed by the end of orientation.
 3. Document this in the individual's CAF.
 4. Part I Familiarization will be completed by all personnel assigned to this work center.
 O-Orientees Initials
 P/T - Preceptor/Trainer Initials
 Part I. Familiarization Training
 (Current briefing, training materials and references must be available and used during training.)

A4.1. Introduction.

- A4.1.1. Work center philosophy, mission and goals.
- A4.1.2. Chain of command; organizational structure.
- A4.1.3. Briefing on each staff member's roles & responsibilities.

A4.2. Tour of work center specifying location of:

- A4.2.1. Office keys.
- A4.2.2. Staff break rooms.
- A4.2.3. Supplies and equipment.
- A4.2.4. Work areas and offices.
- A4.2.5. Reference materials, manuals.
- A4.2.6. Medical Contingency Response Plan.
- A4.2.7. Regulations and instructions.
- A4.2.8. Supply and storage areas.
- A4.2.9. Staff mailboxes.
- A4.2.10. Bulletin boards.

A4.2.11. Files.

A4.3. Review of position description and performance standards.

A4.3.1. Performance evaluation and feedback system.

A4.3.2. Career counseling.

A4.3.3. Awards and decorations.

A4.3.4. Professional Military Education.

A4.4. Unit Management: General policies.

A4.4.1. Duty hours.

A4.4.2. Off-duty employment.

A4.4.3. Uniform requirements (ABU/BDUs, scrubs, blues, etc.).

A4.4.4. Smoking.

A4.4.5. Substance abuse.

A4.5. Work Center Operational Risk Management.

A4.5.1. Electrical safety.

A4.5.2. Hazardous materials and communication.

A4.5.3. Location of Material Safety Data Sheets.

A4.5.4. Bomb threat procedures.

A4.5.5. Medical Contingency Response Plan.

A4.5.6. Fire safety.

A4.5.7. Location of fire extinguisher, alarms, escape routes, and evacuation plan.

A4.5.8. Types of fire extinguishers on unit.

A4.5.9. Emergency telephone numbers—911, 292-1800.

A4.5.10. Code Blue.

A4.5.11. Number to call.

A4.5.12. Location of nearest crash cart.

A4.6. Security Awareness.

A4.6.1. Clinic Automated Resource Protective System.

A4.6.2. Secured/unsecured areas.

A4.7. Unit-Specific Infection Control.

A4.7.1. Personal Protective Equipment.

A4.7.2. Blood-borne pathogens.

A4.7.3. AF Form 55, *Employee Safety and Health Record*.

A4.8. Patient sensitivity, confidentiality and organizational ethics.

A4.8.1. Patient and staff rights.

A4.8.2. Advance directives.

A4.8.3. Management of staff requests related to activities conflicting with religious or ethical beliefs.

A4.8.4. Patient Representative.

A4.9. Information Management and Security.

A4.9.1. E-mail, Internet, Intranet, Armed Forces Health Longitudinal Technology Application, etc.

A4.9.2. Computer and information security.

A4.9.3. Computer programs available.

A4.9.4. Resources for systems problems.

A4.10. Process Improvement.

A4.10.1. Self-Inspections.

A4.10.2. Patient safety reporting.

A4.10.3. Improvement initiatives.

A4.10.4. Staff responsibilities.

A4.10.5. AFISO21 processes

A4.10.6. Customer Service.

A4.11. Patient and Staff Abuse.

A4.11.1. Detection.

A4.11.2. Reporting.

A4.12. Competency Assessment.

A4.12.1. Educational requirements.

A4.12.2. Life Support [Basic Life Support (BLS), Advanced Cardiac Life Support, Pediatric Advanced Life Support].

A4.12.3. Unit orientation.

A4.12.4. Unit In-services.

A4.12.5. Continuing education.

A4.12.6. Licensure, certification.

A4.12.7. Maintenance and storage of Competency Assessment Folders (CAF). (Privileged and non-privileged providers.)

A4.13. Population-specific competency training based on age served.**A4.14. Readiness.**

A4.14.1. Medical Readiness, Disaster Preparedness training.

A4.14.2. Recalls.

A4.14.3. Mobility.

A4.14.4. Medical Contingency Response Plan.

A4.14.5. Medical Readiness Training.

A4.15. Mandatory Meetings.

A4.15.1. Commanders Call.

A4.15.2. Staff meetings.

A4.15.3. Unit in-services.

A4.16. Other unit-specific topics.

A4.17. Part II. Position Required Unit-Specific Competency Training/Verification for (*state job position*) (Examples: Clinical Nurse, Pharmacist, Facility Manager, Flight Commander, etc.)

Notes: 1. SKILLS ARE RANDOMLY SELECTED AS SAMPLES ONLY.

2. Depending on job requirements, Part II may have to be developed for each group of personnel with similar skill competency requirements.

3. Use the following references to develop job specific competency statements: CFETP for performance expectations (all enlisted); Job performance appraisal system (civilian staff); Job descriptions/performance expectations- age specific addendum (all applicable staff). -Use additional competency checklists for high risk, high or low volume, and problem prone procedures.** Current training materials and objective evaluation tools (procedural checklist, post-test, etc.) must be available in the work center.

A4.18. Instructions:

A4.18.1. Preceptor will plan, coordinate and organize training for particular skills based on the orientee's background and pre-assessment.

A4.18.2. Preceptor eliminates skills previously validated in the individual's competency folder.

A4.18.3. Validation column on every required skill is completed by the preceptor or trainer, after he/she verifies orientee's competency in the particular skill using a pre-established objective verification tool.

Notes:

Verification Method Codes:

V= Verbalizes knowledge W= Written test D= Demonstration

Attachment 5

LEARNING NEEDS ASSESSMENT SURVEY

Work Center

Date

This survey is being conducted to determine what areas you need to learn or review in order to acquire, maintain or improve your job performance.

Please answer the following questions and return the completed survey to (name of work center in-service coordinator) NLT (date).

Thank you for your support and ideas.

1. What type of educational offering would you prefer to attend? (Circle as many as desired.)

1.1. One-day workshop

1.2. One-hour in-service

1.3. Self learning packet (reading materials, etc.)

1.4. Other (specify)

2. What is the best day and time for you to attend educational offerings?

(Circle one per category.)

- Day: Monday Tuesday Wednesday Thursday Friday Weekend

- Time: morning lunch afternoon evenings other _____

3. From the following list *, rank in order of importance the topics you need to be competent in. (Note: This is just a sample of topics. Use topics that are pertinent to your work center.)

___ Writing EPRs, OPRs or both

___ Customer sensitivity

___ Stress Management

___ How to _____ (a skill or procedure)

___ Communications among staff

___ Time management

___ Other (specify) _____

4. What topics would you like to volunteer to present as an in-service to our staff?

5. Your Name (optional if not volunteering to present an in-service)

6. Additional Comments:

* List choice of topics primarily related to mission and services provided by the work center.

Attachment 6

DEVELOPING AND CONDUCTING IN-SERVICE PROGRAMS

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET
<p>Developing and Conducting In-service Programs</p> <p>Develop measurable, behaviorally stated learning objectives directly related to performance expectations.</p> <p>Organize a content outline and identify appropriate teaching and learning methods to meet the stated objectives.</p> <p>Develop an evaluation tool. Evaluate participant's achievement of objectives using various appropriate methods (i.e., written post-quiz, verbal review, role playing, return demonstration, ect.).</p> <p>Incorporate evaluation into the work center's quality assessment and improvement program.</p> <p>Give each participant the opportunity to provide feedback. See attachment 9 for an In-service Critique example.</p> <p>Summarize the evaluations and attach to the In-service Documentation Form.</p> <p>Track in-service attendance. A mechanism must be in place for absent staff to obtain training.</p> <p>Maintain an In-service Binder that contains projected/completed in-service topics. All completed in-service summaries and necessary attachments (i.e., lesson plan, critiques, power point and evaluation forms), AF Form 1098, Special Task Certification and Recurring Training, and master evaluation tools for in-services presented.</p>
LAST NAME - FIRST NAME - MIDDLE INITIAL

Attachment 7**IN-SERVICE CRITIQUE**

To continually improve our work center in-service program, please provide feedback on the in-service you just attended and return completed form to our In-service Coordinator

_____ (name) at the completion of the in-service. Thank you.

In-Service Title _____ Date _____

Instruction: Please rate the following between 1 and 5 (circle the appropriate number); 1 is strongly disagree, and 5 is strongly agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The setting is conducive to learning.	1	2	3	4	5
2. The content helped me meet the objectives.	1	2	3	4	5
3. I can apply the information to my current job.	1	2	3	4	5
4. The teaching method used by the presenter enhanced my learning.	1	2	3	4	5

Additional Comments

Suggested topics for future in-services

Name (optional) _____

Attachment 8

IN-HOUSE CONTINUING MEDICAL EDUCATION (CME) AND CONTINUING NURSING EDUCATION (CNE) APPLICATION PROCESSES

A8.1. CME Process.

A8.1.1. Physician and administrative support staff contact the group ETO a minimum of 90 days prior to doing ANYTHING for the package.

A8.1.2. Physician (Course Director) and administrative support personnel provide consultation when needed. Physician involvement is a MUST; DPAME will call the provider to ask questions not the administrative support person.

A8.1.3. Package (draft) goes to a physician content expert to verify scientific integrity and applicability to physicians. Steps A through C will be accomplished within 30 days.

A8.1.4. Course Director uploads the original to AFPC/DPAME online program.

A8.1.5. The AFPC/DPAME CME Program Manager reviews package for compliance with standards and issues the approval number for the package. The AFPC/DPAME CME send email confirmation/approval letter to Course Director.

A8.1.6. After action report must be done by the Course Director within 30 days post offering. A copy of the attendance sheet is also included. ***AFPC will only grant a final approval number after the all required documents have been uploaded..***

A8.2. CNE Process.

A8.2.1. Nurse (course director) contacts ETO a minimum of 90 days prior to doing ANYTHING for the package.

A8.2.2. Nurse point of contact(POC) package (draft) is reviewed with an ETO/nurse content expert to verify scientific integrity and applicability to nursing personnel. Package reviewed for corrections by POC \geq 60 days for approval.

A8.2.3. Once application meets all criteria, the course POC finalizes the online originals and uploads on the HQ AFPC/DPANN website.

A8.2.4. The AF Nurse CEARP Peer Review team consists of 46N3Ds (group ETO's), CNS and the Nurse Corps CE Program Manager who reviews packages for compliance. An approval number is issued to POC prior to course start date.

A8.2.5. An after action report must be done by the course POC within 30 days post offering. A copy of the attendance roster must be included with names for certificates of completion. ***AFPC will only issue credit for completion after the all required documents have been uploaded.***

Attachment 9**MEMORANDUM FOR RECORD****MEMORANDUM FOR RECORD**

FROM: Squadron/CC

SUBJECT: Exemption for BLS/Heartsaver AED certification

1. The following individual, _____ is exempt from the 59th Medical Wing requirement for Heartsaver AED certification due to a physical limitation or disability which prevents him/her from performing life support measures.
2. Personnel who have limitations are waived from the Heartsaver certification requirement. However, they must receive training from their Supervisor on emergency notification procedures.
3. Supervisors must ensure that personnel who require this waiver work with someone who is BLS/Heartsaver AED certified. Supervisors need to file this letter in the individual's competency assessment folder. This exemption letter must be re-accomplished yearly.
4. Please direct any concerns or questions to the Life Support Office.

Squadron Commander's Signature Block